



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 2
Friday, October 31, 2003

ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) *Maryland Pharmacy Program* (MPP) has developed the **Maryland Pharmacy Program Advisory**. To expedite timely information to the pharmacy community, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, and headquarters of all chain drugstores. It is our hope that the information is disseminated to all interested parties. If you have not received this email through the previously noted parties or via DHMH, please contact the MPP representative at 410-767-5395.

PREFERRED DRUG LIST (PDL) IMPLEMENTATION

To contain costs and respond to current statewide budgetary constraints, the Department of Health and Mental Hygiene has promulgated regulations COMAR 10.09.03.12 establishing a *Preferred Drug List*. The PDL is being developed by the Department's Pharmacy and Therapeutics Committee. The selected products within each therapeutic class have demonstrated both therapeutic efficacy and provide cost benefits to the State of Maryland. The PDL applies to fee-for-service prescriptions within the Maryland Pharmacy Program including Medicaid, Pharmacy Assistance and Pharmacy Discount Programs and carved-out specialty mental health services for managed care recipients.

Beginning on Wednesday, November 5, 2003, the Department will be implementing payment edits to the first of several therapeutic drug classes and will phase-in additional classes every two weeks until approximately 40 therapeutic classes have been addressed.

Consideration for the Recipient

- Impact on the recipient can be lessened if the prescriber and the pharmacist review the options available for drug therapy within the Preferred Drug List.
- Recipients having problems obtaining prescribed medications from the pharmacy may call the Maryland Pharmacy Access Hotline at 1-800-492-5231.

The first group of 13 therapeutic classes identified for the PDL are as follows:

-Note: For any multi-source product, the generic product(s) are usually preferred and branded innovator product(s) will be non-preferred.

Effective November 5, 2003

ACE Inhibitor/Calcium Channel Blocker Combination

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Lexxel	none
Lotrel	
Tarka	

Benign Prostatic Hyperplasia (Alpha-Adrenergic Blocking Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
doxazosin (Cardura)	none
terazosin (Hytrin)	
Avodart	
Flomax	
Proscar	

Beta Blockers (Alpha/Beta-Adrenergic Blocking Agents, Beta-Adrenergic Blocking Agents)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
acebutolol (Sectral)	Cartrol
atenolol (Tenormin)	Innopran XL
betaxolol (Kerlone)	Levatol
bisoprolol (Zebeta)	
labetalol (Normodyne, Trandate)	
metoprolol (Lopressor)	
nadolol (Corgard)	
pindolol (Visken)	
propranolol (Inderal)	
sotalol, AF (Betapace, AF)	
timolol (Blocadren)	
Coreg	
Toprol XL	

Inhaled Corticosteroids (Beta-Adrenergics and Glucocorticoids Combination, Glucocorticoids)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Advair Diskus	Pulmicort Respules (Over Age 8)
Aerobid, Aerobid M	Pulmicort Turbuhaler
Azmacort	
Flovent, Rotadisk	
Qvar	
Pulmicort Respules (Ages 1-8)	

Leukotriene Receptor Antagonists

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Singulair	Accolate

Lipotropics, Other (Lipotropics, Bile Salt Sequestrants)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
cholestyramine (Questran, Light)	Lofibra
gemfibrozil (Lopid)	Welchol
niacin (Niacor)	Zetia
Advicor	
Colestid	
Niaspan	
Tricor	

Proton Pump Inhibitors (Gastric Acid Secretion Reducers)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Aciphex	omeprazole
Prevacid	Nexium
	Prilosec
	Protonix

Key: All lowercase letters = generic product.
Leading capital letter = brand name product.

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Effective November 19, 2003

Angiotensin Receptor Blockers (Hypotensives, Angiotensin Receptor Antagonist)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
Avapro, Avalide	Atacand, HCT
Benicar, HCT	Teveten, HCT
Cozaar, Hyzaar	
Diovan, HCT	
Micardis, HCT	

Nasal Corticosteroids (Nasal Anti-Inflammatory Steroids)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
flunisolide (Nasalide)	Beconase AQ
Flonase	Nasacort AQ
Nasonex	Nasarel
	Rhinocort Aqua

Nonsteroidal Anti-Inflammatories/COX II Inhibitor (NSAIDS, Cyclooxygenase Inhibitor – Type)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diclofenac potassium (Cataflam)	Arthrotec
diclofenac sodium, XL (Voltaren, XR)	Bextra
etodolac, XL (Lodine, XL)	Celebrex
fenoprofen (Nalfon)	Mobic
flurbiprofen (Ansaid)	Ponstel
ibuprofen (Motrin)	Vioxx
indomethacin, SR (Indocin, SR)	
ketoprofen (Orudis, Oruvail)	
ketorolac (Toradol)	
meclofenamate (Meclomen)	
nabumetone (Relafen)	
naproxen (Naprosyn)	
naproxen sodium, DS (Anaprox, DS)	
oxaprozin (Daypro)	
piroxicam (Feldene)	
sulindac (Clinoril)	
tolmetin, DS (Tolectin, DS)	

Effective December 3, 2003

ACE Inhibitors (Hypotensives, ACE Inhibitors)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
captopril, HCTZ (Capoten, Capozide)	Accupril, Accuretic
enalapril, HCTZ (Vasotec, Vaserec)	Altace
lisinopril, HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)	Lotensin, HCT
moexipril (Univasc)	Mavik
Aceon	
Monopril, HCT	
Uniretic	

Calcium Channel Blocking Agents

<u>Preferred</u>	<u>Requires Prior Authorization</u>
diltiazem (Cardizem)	Cardene SR
diltiazem SR, ER (Cardizem SR, CD, Dilacor XR, Tiazac)	Cardizem LA
nifedipine (Cardene)	Covera-HS
nifedipine, SR (Adalat, CC, Procardia, XL)	Nimotop
verapamil (Calan)	Vascor
verapamil ER, SR (Calan SR, Verelan)	Verelan PM
Dynacirc, CR	
Norvasc	
Plendil	
Sular	

Lipotropics, Statins (Lipotropics)

<u>Preferred</u>	<u>Requires Prior Authorization</u>
lovastatin (Mevacor)	Crestor
Altacor	Pravigard PAC
Lescol, XL	
Lipitor	
Pravachol	
Zocor	

Key: All lowercase letters = generic product.
 Leading capital letter = brand name product.

Instructions for the Pharmacist

When the pharmacist submits an on line-prescription for a non-preferred drug product whose class is on the preferred drug list, a message will appear “NON-PREF'D (PA req'd) MD call 1-800-932-3918.” The pharmacist should:

- Refer to the PDL reference list
- Notify the customer that the drug prescribed is not a preferred drug
- Contact the prescriber explaining that the drug is a not a preferred drug
- Discuss the preferred drug options with the prescriber

If the prescriber agrees to switch to a preferred drug:

The pharmacist will:

For Original Prescriptions

- Draw a line through the original drug name, strength and directions
- Write the new drug name, strength, directions and number of refills
- Initial and note that the prescriber changed to a preferred drug

For Refills

- Pharmacist will note on the original prescription order that a switch has been made to a preferred drug and will create a new prescription number
- Pharmacist will not be required to obtain a new written prescription from the prescriber if a preferred drug is switched from the referenced original non-preferred prescription
- The prescription will be treated as a new prescription with the complement of refills as indicated by the prescriber

If the prescriber does not agree to switch to a preferred drug:

The pharmacist will explain to the prescriber that:

- He/she must contact the preauthorization center at First Health Services Corporation via telephone at 1-800-932-3918 or via facsimile at 1-800-932-3921
- The prescription cannot be filled until the preauthorization is completed

After prior authorization has been obtained by the prescriber,

- The First Health Service Call Center will contact the pharmacy confirming pre-authorization
- The pharmacist can then complete the prescription, which was previously denied

When the prescriber cannot be contacted, the pharmacist is to call the preauthorization call center at 1-800-932-3918 to obtain approval for a 72-hour emergency supply of a non-preferred drug

- The pharmacist is to dispense the non-preferred drug
- Within the 72-hour window, the prescriber is to be contacted
- The pharmacist will receive a \$3.69 dispensing fee for the 72-hour supply and the recipient will not be charged a co-pay (e.g. \$0 co-pay)

When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber continues with the non-preferred drug:

- The prescriber is to be advised that he/she must obtain prior authorization before the remainder of the prescription can be dispensed
- After prior authorization has been established, the pharmacist can dispense the remainder of the prescription and receive an additional \$3.69 dispensing fee
- The appropriate co-pay will be charged to the recipient

When the prescriber is contacted after the 72-hour supply has been dispensed and the prescriber elects to switch to a preferred drug:

- Pharmacist completes the notation process previously described
- The pharmacist will receive a dispensing fee of \$4.69 and no-co-pay will be assessed to the recipient

When the pharmacist is having difficulty contacting the prescriber after the 72-hour supply has been dispensed, if necessary, a second 72-hour supply may be dispensed. However, the pharmacy must contact the Department for further instructions at 410-767-1455.

For Additional Information

To obtain current and additional information about the Maryland Preferred Drug List, please feel free to visit the following websites:

Department of Health and Mental Hygiene <http://www.dhmh.state.md.us/mma/mpap/prefdruglist.html>

Provider Synergies <http://providersynergies.com>

First Health Services Corporation <http://mdmedicaidrx.fhsc.com>